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# EVALUATOR MANUAL TRANSMITTAL SHEET

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<b><u>Distribution:</u></b>  ____ All Child Care Evaluator Manual Holders <u>X</u> All Residential Care Evaluator Manual Holders ____ All Evaluator Manual Holders	<b><u>Transmittal No.</u></b> 00SFH-01
	<b><u>Date Issued</u></b> September 2000

**Subject:**

Small Family Homes

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**Reason For Change:**

Due to the rollout of residential laptop computers for the licensing program analysts, the entire section of the Small Family Home blues are being reissued.

In addition, for clarity and consistency, a policy decision was made to spell out acronyms, reformat text and add page numbers. Revised sections are shaded.

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**Filing Instructions:**X REMOVE – Entire SectionX INSERT – Revised Section

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**Approved:**

Original Copy Signed by  
**Stephanie Davis for Carole Jacobi**  
CAROLE JACOBI, Chief  
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9-21-00  
Date

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**REGULATION INTERPRETATIONS  
AND  
PROCEDURES  
FOR  
SMALL FAMILY HOMES**

## **SMALL FAMILY HOMES**

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## ARTICLE 2 LICENSING

## 83010 LIMITATIONS OF CAPACITY AND AMBULATORY STATUS 83010

(b) **PROCEDURE**

Refer to Section 80001(a)(37), Section 80010, and Section 80020.

## ARTICLE 3 APPLICATION PROCEDURES

83017 APPLICANT QUALIFICATIONS 83017

(b)(1) **PROCEDURE**

The licensing agency shall provide applicants with information on foster care liability insurance provisions at time of orientation. The information shall consist of an oral summary of the November 3, 1986, letter on this subject, which was sent to all existing licensed foster family homes and small family homes (See Appendix, Tab F).

Document attendance and completion through sign-in sheets. It may be necessary to take roll call after the orientation.

The licensing agency shall maintain a supply of the November 3, 1986, letter specified above for distribution to each applicant at time of orientation. In addition, the licensing agency shall summarize the information contained in this letter during orientation.

83018 APPLICATION FOR LICENSE 83018

(b) **POLICY**

A valid health screening report consists of a physical examination and a TB clearance.

## PROCEDURE

The Health Screening Report – Facility Personnel (LIC 503) may be used as documentation for physical examination and TB clearance.

**ARTICLE 6 CONTINUING REQUIREMENTS****83061 REPORTING REQUIREMENTS****83061****(d) PROCEDURE**

See Evaluator Manual Reference Material Section 2-8000 Incident/Death Reports; Section 2-8010 General Statement; Section 8-100 Accepting/Recording Reports by Telephone, and Section 2-8200 Sample Telephone Incident Report Form and Checklist.

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**83064 LICENSEE DUTIES AND RESPONSIBILITIES****83064****POLICY**

The child(ren) must have access to the licensee or another responsible adult(s) when the licensee is absent from the home. No person under the age of 18 shall supervise children in the absence of a responsible adult, unless prior approval of an exception request has been obtained from the licensing agency.

**PROCEDURE**

Refer to basic services definition in Section 80001(a)(8). The licensee and placement agency/authorized representative shall verify and ensure that non-adult supervision is acceptable. The Exception Request (LIC 971) shall provide the approximate time/day(s) of non-adult supervision for the specific child. The licensing agency shall specify the approved time/day(s) in writing.

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**83068.3 MODIFICATIONS TO NEEDS AND SERVICES PLAN****83068.3****(b)(1)(A) PROCEDURE**

Refer to Regulation Section 83068.2, Needs and Services Plan.

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**(c)(1) POLICY**

The Appraisal/Needs and Services Plan (LIC 625) may be used by the licensee.

**PROCEDURE**

Review documents/records of licensee for compliance with this section and Section 83068.1(c) and (d).

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**83070 CHILDREN'S RECORDS****83070**

(b)(3)

**POLICY**

Effective January 1, 1993, Health and Safety Code Section 1567.3 requires that prior to the out-of-county placement of a child adjudged to be a ward of the court, pursuant to Welfare & Institutions Code Section 602, the county probation officer or California Youth Authority parole officer from the ward's county of residence must notify, in writing, the county probation officer receiving the placement.

**PROCEDURE**

1. For the purpose of this policy, the county of residence means the county where the child is from, also referred to as the "sending" county.
  2. For the purpose of this policy, the county receiving the placement means the county where the facility is located, also referred to as the "placement" county.
  3. When an out-of-county child adjudged a ward of the court, as defined in Welfare & Institutions Code Section 602, is placed in a community care facility, the licensee shall ask the ward's county of residence probation officer or parole officer if he or she provided the county of placement written notice of placement.
  4. At the time of placement, the licensee must obtain the following information from the county probation officer or parole officer, to be documented in the client's record:
    - a. If the ward's county of residence probation officer or parole officer sent written notice of placement to the local probation officer.
    - b. If the probation or parole officer's response is "yes", the licensee shall document the name and telephone number of the ward's county of residence probation officer or parole officer and the name and telephone number of the local probation officer.
    - c. If the probation or parole officer's response is "no", the licensee shall document the response and the name and telephone number of the ward's placing probation officer or parole officer.
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**83070 CHILDREN'S RECORDS (Continued)****83070****(b)(5) POLICY**

Health and Safety Code Section 1530.6 allows a licensee, but not a certified family parent, to give legal consent for ordinary medical and dental treatment for a child placed with that licensee. For extraordinary medical and dental treatment, only the placement agency/authorized representative has authority regarding the care of a placed child. In some cases, the child's biological parent may continue to have authority regarding the care of the placed child, i.e., the biological parent is the authorized representative. If there are any questions about the licensed or certified parent's authorization to assist a placed child with medications, the licensee must contact the placement agency/authorized representative. In the case of a certified family parent encountering a question about medications, that certified parent must contact the associated Foster Family Agency. That agency will in turn contact the appropriate placement agency/authorized representative.

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**(c) PROCEDURE**

Review the LIC 625, Identification and Emergency Information (LIC 601), Consent for Medical Treatment (LIC 627), and other child's records for compliance.

**83072 PERSONAL RIGHTS****83072****(b)(1)(C) POLICY**

House rules can be established regarding visitation hours, sign in rules, visiting rooms, etc., but must apply to all visitors.

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**(b)(6) PROCEDURE**

Review appropriate documentation for restrictions placed by court order or authorized representatives. Verbal agreements are not acceptable. Determine that a Personal Rights (LIC 613) has been completed appropriately.

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**(b)(6)(B) POLICY**

The number of calls permitted the child should not be limited unless the licensee has documentation to verify excessive use by the child.

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**83072 PERSONAL RIGHTS (Continued)****83072****(b)(6)(C) POLICY**

Licensees shall provide a telephone, on the premises, for client use. Pay telephones meet regulation subsection (6) if they are accessible. In order for pay telephones to be considered accessible, the facility must provide clients with appropriate change to make local calls. This means the licensee is required to pay for local calls.

**PROCEDURE**

See Section 80073, General Requirements.

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**83075 HEALTH RELATED SERVICES****83075****(c)(1) POLICY**

This regulation does not prohibit licensee from simultaneously notifying child's authorized representative and taking appropriate action.

**PROCEDURE**

See Section 83070 for medical consent information.

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**(d)(1) POLICY**

The following policy applies to the requirement for written instructions from a physician for a child's PRN medications:

1. The physician's business stationery may substitute for the required prescription blank for prescription and over-the-counter medications.
2. A licensee may obtain faxed instructions from the child's physician when there are no written physician instructions on file. The fax must be of the physician's business stationery or prescription blank.
3. A licensee may obtain written instructions from the child's treating physician for a nonprescription medication before a child shows a need for such medication.

Medications may be crushed to enhance swallowing or taste, if the needs and services plan includes approval from the child's authorized representative, physician's instructions and physician's/pharmacist's instructions.



**83075 HEALTH RELATED SERVICES (Continued)****83075**

(d)(1)

**POLICY (Continued)**

Health and Safety Code Section 1530.6 permits a licensee to give legal consent for ordinary medical and dental treatment for a child placed with that licensee. For extraordinary medical and dental treatment, only the placement agency/authorized representative has authority regarding the care of a placed child. In some cases, the child's biological parent may continue to have authority regarding the care of the placed child, i.e., the biological parent is the authorized representative. If there are any questions about the license's authorization to assist a placed child with medications, the licensee must contact the placement agency/authorized representative.

In the case of a certified family parent encountering a question about medications, that certified parent must contact the associated Foster Family Agency. That agency will in turn contact the appropriate placement agency/authorized representative.

**PROCEDURE**

Review the child's file to ensure that the physician's written instructions are on the physician's prescription blank, physician's business stationery or fax of those forms and that the instructions contain the following information:

1. All the documentation required by 80075(c)(1) and (e).
2. The physician's signature and date.
3. Specific direction on how and when to take this medication in conjunction with other medications the child is taking.

If the child's medication(s) is being crushed, review the child's file for the following written documentation:

1. There is written consent from the child's authorized representative. This approval may be contained in the child's needs and services plan.
2. There is a written order from the child's treating physician to crush the prescription or over-the-counter medications. The order must include the following:
  - a. The dosage amount.
  - b. The timeframe for giving the medication, i.e., when and how often.

**83075 HEALTH RELATED SERVICES (Continued)****83075****PROCEDURE (Continued)**

3. Documentation of the licensee's consultation with a pharmacist or treating physician, provided orally or in writing, that includes the following:
    - a. The name of the pharmacist/treating physician, the name of the business, and the date of the conversation.
    - b. The pharmacist's/physician's statement that the medication can be safely crushed without losing effectiveness.
    - c. Identification of foods and liquids that can be mixed with the medication.
    - d. Instructions for crushing and mixing the medication.
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**ARTICLE 7 PHYSICAL ENVIRONMENT****83087 BUILDING AND GROUNDS****83087**

(b)(1)

**POLICY**

Two to a room is the expected standard in order to provide children in placement some degree of normalization and privacy in their living environment. Such privacy and normalization is achieved to a greater degree in a “family home” setting, versus a group home environment. Only in rare circumstances will a waiver be granted to foster family homes, small family homes or any facility serving the developmentally disabled. For these facility and client types, the exception process should be used.

In all cases, the bedroom must be large enough to afford each child with adequate space, so that required (by regulation) bedroom furnishings can be placed in the room without crowding.

When an exception or waiver is requested, the following guidelines should be followed:

**A. Exception**

When an applicant/licensee requests an exception to allow specifically identified children to share a bedroom, the individual’s plan must state the advantage(s) of the arrangement for each child being added to the living unit, (e.g., keeping the children of one family together). The plan must also include, at minimum, documentation that no adverse consequences to the other children already in the living unit are foreseen as a result of the placement.

Supporting documentation from the placement agencies or authorized representatives of the individual clients must concur with the request and include:

1. Identification of the client to whom it applies; and the signature, title, date, agency and address of the person(s) submitting documentation for each child.
2. Identification of any special needs or characteristics of the client which support the exception request.
3. Documentation regarding the lack of anticipated adverse consequences to the client.

**83087 BUILDING AND GROUNDS (Continued)****83087**

(b)(1)

**POLICY (Continued)****B. Waiver**

Waivers are permissible. Waivers granted to this regulation shall be reviewed at time of renewal; however, the waiver shall remain in effect as long as the factors upon which the original waiver was granted remain unchanged and no increase of incidents attributed to more than two-to-a-room are reported.

The decision to place a child in a particular facility should be based on a determination that a particular facility can meet the child's needs. The licensee is responsible for ensuring that any involved placement agency is advised of the living arrangements and the existence of a facility-wide waiver. The placement worker is responsible for determining the type of environment and program a particular child requires.

To be considered for a waiver of the two-to-a-room standard, the placements must be short term. That is, the length to stay at the facility is 18 months or less and is not meant as a permanent placement. Such short-term placements include, but are not limited to, Emergency Shelters, Assessment Programs, Limited Term Treatment Programs and Emancipation Programs. (**NOTE:** As Emergency Shelters are very short term, normally no more than 30 days, such facilities do not have to document a treatment advantage to qualify for a waiver of the two-to-a-room requirements.)

There must be justification that such a room arrangement is consistent with the treatment program philosophy by the facility including a specific explanation of the program of treatment.

Treatment advantages may include:

- a. Facilities that use group interaction as the primary method of treatment. That is, daily group counseling and a philosophy of group participation and interaction in decision and/or consequential actions of the group members.
- b. Facilities in which the group living arrangements is offered to children who have been abused, thus providing a feeling of security (more common in facilities serving younger children).
- c. Facilities where more safety is needed in staff overseeing and preventing the acting out behavior of children in care (runaway, firesetters, sexually acting out, etc.).

**83087 BUILDING AND GROUNDS (Continued)****83087**

(b)(1)

**POLICY (Continued)**

In addition, particular consideration should be given to the following for any facility requesting such a waiver:

1. The sleeping area must be large enough to afford each child with area for storage of personal articles and clothing adjacent to their individual beds. The room must also allow for easy access throughout the room and between beds and personal storage areas.
2. The specific client group in care and their need for privacy. For example, infants' need for privacy is not as great as other client groups. All infants, however, must be given the opportunity to nap/sleep without distraction or disturbance from other activities. This is best achieved by grouping children of similar ages and developmental stages together for purposes of sleeping and activities. Additionally, placement of the cribs within the sleeping area must provide sufficient space between cribs to prevent crowding.
3. Availability of other areas in the facility to accommodate any need for privacy for personal hygiene and study.

**NOTE:**

Regulations effective August 2, 1975, implemented the two-to-a-room standard. At that time, some facilities were allowed to continue serving more than two-to-a-room. These facilities will maintain such exception status. Documentation should have been placed in the file at that time stating that the facility is exempt. In those cases where no such documentation exists, district office staff should ensure that a document is filed stating that the facility is exempt from the waiver/exception criteria and the reason for the exception.

**PROCEDURES**

The licensing agency shall review individual requests for waivers and/or exceptions upon receipt of justification including at least:

1. A floor plan or sketch of the room area, including room dimensions and specification of the furniture in the room.
2. Names of residents to be housed and statements from the placement workers or authorized representatives that the background and behavior characteristics of their child have been reviewed and supports the commingling of their client with the others in the bedroom. (Required for Exceptions only.)

**83087 BUILDING AND GROUNDS (Continued)****83087****PROCEDURES (Continued)**

3. The duration of the waiver/exception shall be for the term of the license or for a shorter period at the request of the applicant/licensee or as deemed necessary by the licensing agency to ensure adequate and safe provision of service.
4. Incident reports as required by Section 80061 shall be reviewed initially and on an ongoing basis.
5. Any room to be used to house more than two persons must have an appropriate fire clearance to ensure that there is sufficient space and exits to the outside of the facility to accommodate the children. For new facilities, this can be done at the time of initial licensure. For existing facilities a new fire clearance must be requested. (Not required for facilities licensed as foster family homes.)
6. Documentation from the placement worker must be in the child's record at the facility in those cases where the child will be in a living unit of more than two. The documentation must contain acknowledgement by the placement worker of the living arrangement and a statement that such an arrangement is appropriate to meet the needs of the child, and this is acknowledged as a short-term placement, and that it is not expected that the placement will exceed 18 months.

(b)(5)

**POLICY**

Bedroom requirements apply to all family members including guardianship children.

**PROCEDURE**

During the site visit document on the Licensing Report (LIC 809) and Analysis of Client Accommodations (LIC 709), the number of bedrooms and who occupies each room. Describe the use of each room in the home.

**83087.2 OUTDOOR ACTIVITY SPACE****83087.2**

(a)(4)

**POLICY**

Fencing used to make a hazard inaccessible from an activity space may obscure the hazard from view. However, Section 8087(F)(1) of the General Licensing Regulations requires that if the hazard is a pool, including swimming pools, fixed-in-place wading pools, hot tubs, spas, fishponds or similar bodies of water, the fence shall be constructed so that it does NOT obscure the pool from view.